

Husbands Bosworth Church of England Primary School



Medication Policy and Management Procedures

Date Completed:	April 2018
Completed By:	Alan Eathorne
Signed:	Signed:
Review Date:	April 2019

This document is produced in conjunction with the Leicestershire Partnership Trusts. We would like to acknowledge input from professional bodies and services with Leicestershire County, City and Rutland. We would also draw your attention to the appendices listed on the Schools EIS for access and information relating to Individual Care Plans and specific medical needs/conditions. This document is revised in line with the current Department for Education 'Supporting pupils at School with medical conditions' 2014, which replaces the previous Managing medicines in Schools and early years settings 2005.

Medication Policy

The Local Governing Body and staff of husbands Bosworth C of E Primary School to ensure that pupils with medication needs receive appropriate care and support at School.

The Headteacher will accept responsibility for members of the school staff giving or supervising pupils taking prescribed medication during the School day. Where possible, pupils should be encouraged to self-administer under supervision. It must be stressed that where prescription drugs are administered it shall be by those members of staff that have volunteered unless medically trained staff are employed at site. It should **not** automatically be assumed that a qualified First Aider will fulfil this role.

- Staff will not give a prescribed/non prescribed medicine or care unless there is specific written consent from parents.
- An individual care plan should be drawn up for the pupil by the parent/guardian of the child.
- A secondary check must be made prior to medication being taken / given.
- The School will not accept items of medication in unlabelled containers.

Procedures

- In the first instance, the Head Teacher should be informed of an individual's diagnosis and prescription medication.
- An appropriate/volunteer or carer will meet and discuss the issues with the parents/guardian of the pupil.
- The member of staff volunteering will be offered professional training and support in relation to the needs of the individual by a suitably competent person. (this maybe by a qualified trained nurse)
- There will be termly review meetings scheduled to monitor the support required.

Responsibilities

Parents/Guardian Responsibility

- A comprehensive information guide specifically relating to the pupils condition and medication must be recorded.
- Only reasonable quantities of medication should be supplied to the School (eg, maximum 4 weeks at any one time)
- Where pupils travel on School transport with an escort, Parents/Guardian should ensure that the escort has a copy of written instructions relating to medication of the individual.
- Notification of changes in prescription drug issued by GP must be directly given to School by Parent/Guardian.
- Parent/Guardian to collect and restock medication from School at the end and start of every term in a secure labelled container as originally dispensed.
- Parent/Guardian to ensure the medication is in date for the duration of the term.

School Responsibility

- Medication will be kept in a known safe secure place (not necessarily locked away) and some drugs may require refrigeration.
- Where emergency medication is prescribed this must remain with the pupil in the classroom or with their support assistant at all times. E.g. Asthma inhalers / insulin.
- Epipens will be kept in the cupboard in the medical room but will be with a member of staff when the pupil is on trips/visits.

- Maintain and record dosage prescribed/administered.
- Identify if additional training needs are required for staff. Source and arrange training.
- Locate and record care plan for individual identifying supporting staff.
- If a medical emergency develops activate the relevant procedures and call 999
- Each term a nominated member in school to check emergency medicines are in date and note the expiry date to avoid expired medication during the term.
- There needs to be a clear audit trail of this.
- The school should encourage parent / guardian to make a note of expiry dates of medication.

G.P/Consultant/Medical Professional Responsibility

Prescriptive labelled drugs must contain:

- Pupils name
- Name of medication
- Dosage
- Frequency of administration
- Date of dispensing
- Storage requirements (if important) ie, refrigeration
- Expiry Date

Consent Form.

See appendix A - contained within this document for completion.

Individual Care Plan.

See appendix 'B' on Schools EIS system under 'A' Administration of medicines

Appendix A: General Care Plan – Consent form

To: Headteacher of Husbands Bosworth C of E Primary School

From: Parent/Guardian of.....Full Name of Child

DOB:

My child has been diagnosed as having:

.....(name of condition)

He/She has been considered fit for school but requires the following prescribed medicine to be administered during school hours:

.....(name of medication)

I consent/do not consent for my child to carry out self administration (delete as appropriate)

Could you please therefore administer the medication as indicated above

.....(dosage) at.....(timed).....(intervals) Strength of medication:

With effect from.....until advised otherwise.

The medicine should be administered by mouth / in the ear / nasally / other

.....(delete as applicable)

I understand that my child is not able to carry the medication upon themselves as per school policy.

I undertake to update the school with any changes in medication routine use or dosage.

I undertake to maintain an in date supply of the prescribed medication.

I understand that if I do not allow my child to carry the medication it will be stored by the School and administered by staff with the exception of emergency medication which will be near the child at all times

I understand that staff will be acting in the best interests of
.....Childs Name whilst administering medicines to children.

Signed:.....Date:.....

Name of parent (please print).....

Contact Details:

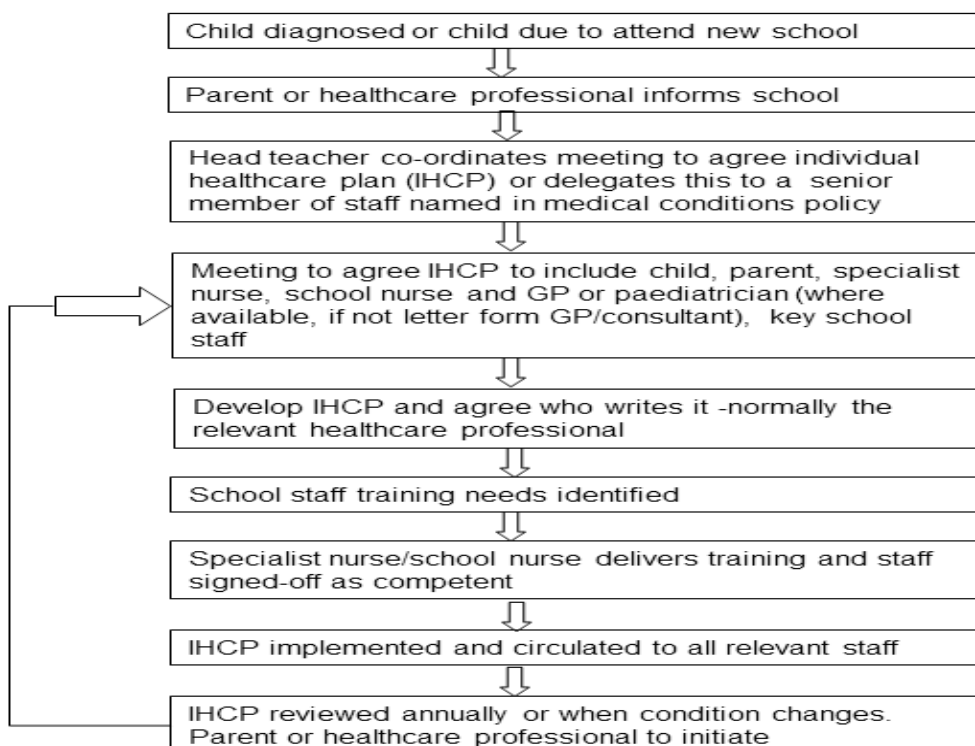
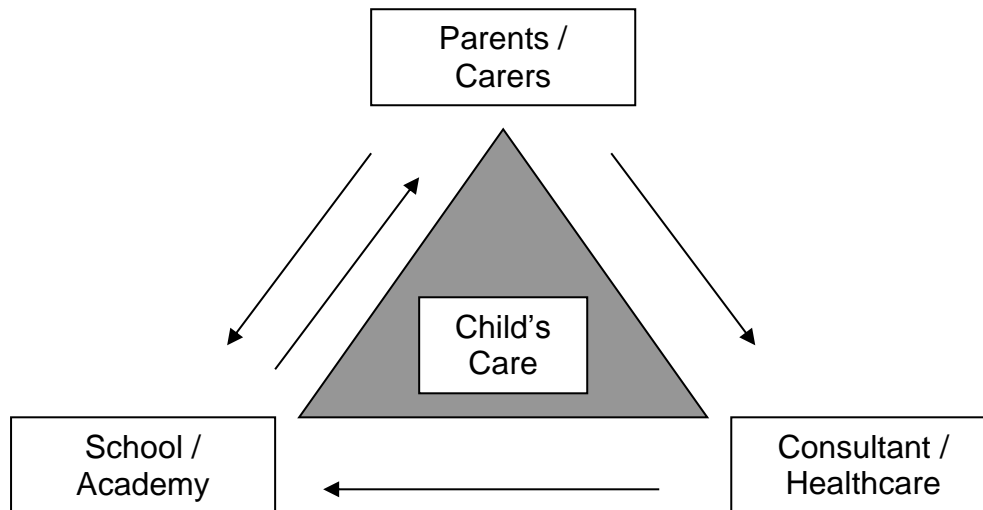
Home.....Work:.....Mobile:.....

Headteacher : Alan Eathorne

Appendix B: Individual Health Care Plan (IHCP)

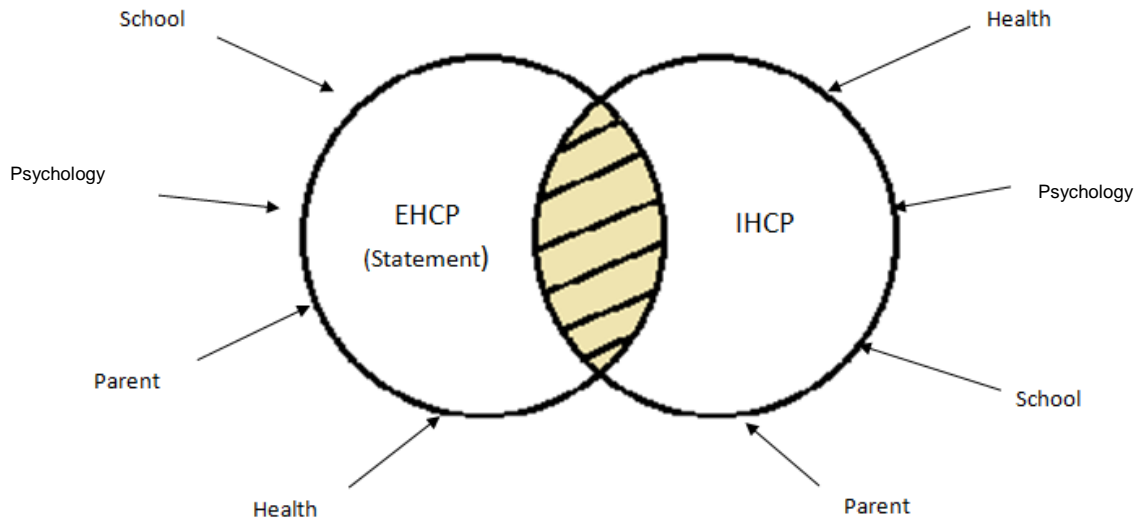
Individual Health Care Plan (IHCP) = Specific information on individual pupil requirements. Written recorded plan will ensure that their needs are met whilst in school and any treatment needed to be administered by members of staff will be fully understood. Plan to be agreed by Head teacher and parents.

THIS MUST BE FORMALLY RECORDED AND REVIEWED AT TERMLY INTERVALS.



Some children with medical conditions may have physical disabilities. Where this is the case the governing body **MUST** comply with their duties under the Equality Act 2010. Some may have special educational needs (SEN) and may have a statement or Education Health Care plan which will bring together health and social care needs, as well their special educational provision.

Educational Health Care Plan



EHCP

“This is the new statement of educational needs and may incorporate the need for specialist medicines”.

IHCP

“Individual health care plans – is direction for managing emergency or specialist medicines given”.

Appendix C: Advice on Medical Conditions

The Community Paediatrician or Nurse on request will give advice regarding medical conditions to the school. Parents or guardians of children suffering from these conditions seeking general information should be advised to seek advice from their G.P., the school health professionals or from the bodies detailed below. The following bodies can also supply leaflets regarding the conditions listed.

<p>Asthma at school – a guide for teachers</p> <p>National Asthma Campaign</p> <p>www.asthma.org.uk</p> <p>Asthma Helpline – Tel: 0800 121 6244</p>	
<p>Guidance for teachers concerning Children who suffer from fits</p> <p>www.epilepsy.org.uk</p> <p>Helpline No: 0808 800 5050</p> <p>www.helpline@epilepsy.org.uk</p>	<p>See appendix C ‘Epilepsy Health forms’ under ‘A’ Administration of medicines’ for Individual Care Plans and relevant records of information and documentation.</p>
<p>Guidelines for Infections (e.g. HIV, AIDS and MRSA)</p> <p>Public Health England</p> <p>Tel: 0344 225 4524</p>	
<p>Haemophilia</p> <p>info@haemophilia.org.uk</p> <p>Tel: 020 7831 1020</p>	
<p>Allergies Anaphylaxis Campaign</p> <p>www.anaphylaxis.org.uk</p> <p>Help line 01252 542029</p>	<p>See appendix D ‘Emergency Action Plan’ forms under ‘A’ Administration of medicines for Epipen/Jext Pens administration. Please note the needs to report administration of this medication to Bridge Park Plaza on fax no: 0116 258 6694</p>
<p>Thalassaemia</p> <p>www.ukts.org</p> <p>email: information or office@ukts.org</p> <p>Tel: 020 8882 0011</p>	
<p>Sickle Cell Disease</p> <p>info@sicklecellsociety.org</p> <p>Tel: 020 8961 7795</p>	

<p>Cystic Fibrosis and School (A guide for teachers and parents)</p> <p>www.cftrust.co.uk</p> <p>Tel: 020 84647211</p>	
<p>Children with diabetes (Guidance for teachers and school staff)</p> <p>www.diabetes.org.uk</p> <p>Leicester Royal Infirmary 9 am – 5 pm Diabetes Office</p> <p>0116 2586796 Diabetes Specialist Nurses 0116 2587737 Consultant Paediatric</p>	<p>See appendix E</p>
<p>Diabetes Careline Services</p>	<p>Tel: 0345 1232399</p>
<p>Insurance Section Leicestershire County Council</p> <ul style="list-style-type: none"> • Additional insurance • Concerns 	<p>Contacts: -</p> <p>David Marshall-Rowan – 0116 305 7658 James Colford – 0116 305 6516</p>
<p>County Community Nursing Teams:</p> <ul style="list-style-type: none"> • Information on School nurses <p><u>East Region</u> – Market Harborough/Rutland/Melton</p> <p><u>West Region</u> – Hinckley/Bosworth/Charnwood</p>	<p><u>East Region</u></p> <p>PA: 1) Janet Foster 01858 438109 PA: 2) Clare Hopkinson 01664 855069</p> <p>Locality managers: 1) Maureen Curley 2) Jane Sansom</p> <p><u>West Region</u></p> <p>PA: Sally Kapasi 01509 410230</p> <p>Locality managers: Chris Davies Teresa Farndon</p>
<p>Corporate Health, Safety & Wellbeing Leicestershire County Council County Hall, Glenfield, Leics. LE3 8RF</p>	<p>Tel: 0116 305 5515 healthandsafety@leics.gov.uk</p>

Parental Consent form for medicines

To: Headteacher of Husbands Bosworth C of E Primary School

From: Parent/Guardian of.....Full Name of Child

DOB:

My child has been diagnosed as having:

.....(name of condition)

He/She has been considered fit for school but requires the following prescribed medicine to be administered during school hours:

.....(name of medication)

I consent/do not consent for my child to carry out self administration (delete as appropriate)

Could you please therefore administer the medication as indicated above

.....(dosage) at.....(timed).....(intervals) Strength of medication:

With effect from.....until advised otherwise.

The medicine should be administered by mouth / in the ear / nasally / other

.....(delete as applicable)

I understand that my child is not able to carry the medication upon themselves as per school policy.

I undertake to update the school with any changes in medication routine use or dosage.

I undertake to maintain an in date supply of the prescribed medication.

I understand that if I do not allow my child to carry the medication it will be stored by the School and administered by staff with the exception of emergency medication which will be near the child at all times

I understand that staff will be acting in the best interests of
.....Childs Name whilst administering medicines to children.

Signed:.....Date:.....

Name of parent (please print).....

Contact Details:

Home.....Work:.....Mobile:.....

Headteacher : Alan Eathorne

Individual healthcare plan

Name of school/setting

Husbands Bosworth C of E Primary School

Child's name

Group/class/form

Date of birth

Child's address

Medical diagnosis or condition

Date

Review date

Family Contact Information

Name

Phone no. (work)

(home)

(mobile)

Name

Relationship to child

Phone no. (work)

(home)

(mobile)

Clinic/Hospital Contact

Name

Phone no.

G.P.

Name

Phone no.

Who is responsible for providing support in school

Describe medical needs and give details of child's symptoms, triggers, signs, treatments, facilities, equipment or devices, environmental issues etc

Name of medication, dose, method of administration, when to be taken, side effects, contra-indications, administered by/self-administered with/without supervision

Daily care requirements

Specific support for the pupil's educational, social and emotional needs

Arrangements for school visits/trips etc

Other information

Describe what constitutes an emergency, and the action to take if this occurs

Who is responsible in an emergency (*state if different for off-site activities*)

Plan developed with

Staff training needed/undertaken – who, what, when

Form copied to

Individual Health Care Plan

Husbands Bosworth C of E Primary School will not give your child medicine unless you complete and sign this form, and you have seen the policy that the staff can administer medicine.

Date for review to be initiated by	
Name of school/setting	Husbands Bosworth C of E Primary School
Name of child	
Date of birth	
Group/class/form	
Medical condition or illness	

Medicine

Name/type of medicine (as described on the container)	
Expiry date	
Dosage and method	
Timing	
Special precautions/other instructions	
Are there any side effects that the school/setting needs to know about?	
Self-administration – y/n	
Procedures to take in an emergency	

NB: Medicines must be in the original container as dispensed by the pharmacy

Contact Details

Name	
Daytime telephone no.	
Relationship to child	
Address	
I understand that I must deliver the medicine personally to	[agreed member of staff]

The above information is, to the best of my knowledge, accurate at the time of writing and I give consent to Husbands Bosworth's staff administering medicine in accordance with the policy. I will inform the school immediately, in writing, if there is any change in dosage or frequency of the medication or if the medicine is stopped.

Signature(s) _____

Date _____

Record of medicine administered to an individual child

Name of school/setting	Husbands Bosworth C of E Primary School
Name of child	
Date medicine provided by parent	
Group/class/form	
Quantity received	
Name and strength of medicine	
Expiry date	
Quantity returned	
Dose and frequency of medicine	

Staff signature _____

Signature of parent _____

Date			
Time given			
Dose given			
Name of member of staff			
Staff initials			

Date			
Time given			
Dose given			
Name of member of staff			
Staff initials			

Record of medicine administered to an individual child (Continued)

Date

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Time given

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Dose given

--	--	--

Name of member of staff

--	--	--

Staff initials

--	--	--

Date

--	--	--

Time given

--	--	--

Dose given

--	--	--

Name of member of staff

--	--	--

Staff initials

--	--	--

Date

--	--	--

Time given

--	--	--

Dose given

--	--	--

Name of member of staff

--	--	--

Staff initials

--	--	--

Date

--	--	--

Time given

--	--	--

Dose given

--	--	--

Name of member of staff

--	--	--

Staff initials

--	--	--

Staff training record – administration of medicines

Name of school/setting	Husbands Bosworth C of E Primary School
Name	
Type of training received	
Date of training completed	
Training provided by	
Profession and title	

I confirm that [name of member of staff] has received the training detailed above and is competent to carry out any necessary treatment. I recommend that the training is updated [name of member of staff].

Trainer's signature _____

Date _____

I confirm that I have received the training detailed above.

Staff signature _____

Date _____

Suggested review date _____

Contacting emergency services

Request an ambulance - dial 999, ask for an ambulance and be ready with the information below.

Speak clearly and slowly and be ready to repeat information if asked.

1. your telephone number
2. your name
3. your location as follows Husbands Bosworth C of E Primary School, School Lane, Husbands Bosworth
4. state the postcode– **LE17 6JU**
5. provide the exact location of the patient within the school setting
6. provide the name of the child and a brief description of their symptoms
7. inform Ambulance Control of the best entrance to use and state that the crew will be met and taken to the patient
8. put a completed copy of this form by the phone

This document has been reviewed in line with current up to date legislation and with the support of the Leicestershire partnership groups / healthcare professionals – August 2015.

We would like to express our thanks to those who have contributed and emphasise that this policy document is required to be made site specific for your establishment and signed off by the Senior Management Team as current and valid. An annual review is required.

Summary of Updates:

Template of policy reviewed - to be made relevant to site / establishment – Aug 2014

Appendices made available on EIS for specific medical needs / conditions – Aug 2014

Contact details and tel no's updated.

Anaphylactic details updated from health – new fax No: updated – 0116 258 6694 – Aug 2015